

**DISABILITY CLAIM WORKSHEET -- I.R.I. ADMINISTRATION**

POLICY NO. FR. NO. B. U. AGENT STATE PLAN SOCIAL SECURITY NUMBER  
H00538069 71542 1006066 OH 57615 MASS D ✓

NAME: KEARNEY, CHRIS L 12168 VILLAGE WOODS DR  
ADDRESS: 15108 VILLAGE WOODS DR 10979 Reed Hartmann Hwy  
CINCINNATI, OH 45241 45110 45241 Suite 125

DIAGNOSIS: LUMBOSACRAL SPINE SPRAIN W/SUSPICION OF DISC INVOL  
AGE: 40 DATE OF BIRTH: 11/09/52 SEX: 01 OCC: % LIMITED: YES

INCURRED DATE: 02/05/93 CONTRACT DATE: 05/28/90 BY: \_\_\_\_\_

REINSTATEMENT DATE: 1/1/1993 PAID TO DATE: 06/28/93 DATE: 06/15/93  
MONTHLY INDEMNITY: \$1300 LESS FICA

MONTHLY INDEMNITY ~~1375~~ ~~625~~ LESS FICA:  
SS ~~1275~~ ~~325~~ LESS F.I.C.A.

~~35-225-125~~ ~~H-252~~ ESS F.I.T.

ELIMINATION PERIOD: 90 ~~180~~ INDEMNITY PER

WAIVER OF PREMIUM DATE: 5/5/93

REMARKS:

REVIEW.

PESIDWAL WT. 1375  
SS. 225

20% to 75%, 50% mm 11' 6" Coln 270.

H49302

DATE "HIS OCC." : / / DATE BENEFITS TERMINATE: / /  
REINSURANCE: YES NO

REINSURANCE: YES NO

CA.	PERIOD	DAYS	AMOUNT	RES	DATE	STATUS
	Fr. 05-06-93	60	1600.00	P	JUL 22 1993 06/15/93	X
	To 07-06-93					
	Fr 07-06-93	30	800.00	P	AUG 25 1993	
	Fr. 05-06-93					
	To 07-06-93	Adm	208.00	P	SEP 03 1993	
	Fr. 07-06-93					
	To 08-06-93	Adm	800.00	P	SEP 03 1993	
	Fr.					
	To 10-06-93	Routine Bill	1.25			
	Fr.					
	To					
	Fr. 08-06-93					
	To 09-06-93	30	1600.00	P	SEP 14 1993	
	Fr. 09-06-93					
	To 10-06-93	25	666.65	P	OCT 19 1993	
	Fr. 10-06-93					
	To 11-06-93	20	1600.00	P	NOV 16 1993	
	Fr. 11-06-93					
	To 12-1-93	30	1600.00	P	DEC 03 1993	
	Fr. 12-1-93					
	To 1-1-94	30	1600.00	P	JAN 10 1994	
	Fr. 1-1-94					
	To 2-1-94	30	1600.00	P	FEB 09 1994	
	Fr. 2-1-94					
	To 4-1-94	60	3200.00	F	MAR 3 1994	
	Fr. 4-1-94					
	To 11-1-94	71	4770.00	FR	FEB 07 1995	1/15/95
	Fr.					
	To					
	Fr. 11-1-94					
	To 1-1-95	60	3200.00	P	FEB 17 1995	
	Fr. 01-01-95					
	To 03-01-95	60	3200.00	P	MAR 08 1995	
	03-01-95					
	05-01-95					
	1-1-95					
	2-1-95					
	11-1-95					

## DISABILITY CLAIMS WORKSHEET -- I.H.I. ADMINISTRATION

POLICY NO. FR. NO. B. O. AGENT STATE PLAN SOCIAL SECURITY NUMBER  
H00538069 71542 1006066 OH 57615

NAME: KEARNEY, CHRIS L

ADDRESS: 12158 VILLAGE WOODS DR  
CINCINNATI, OH 45241

DIAGNOSIS: MAJOR DEPRESSION, CHRONIC AND ACUTE

AGE: 40 DATE OF BIRTH: 11/09/52 SEX: 01 OCC: 3 LIMITED: YES

INCURRED DATE: 02/09/93 CONTRACT DATE: 05/28/94 BY:

REINSTATEMENT DATE: ~~02/09/93~~ PAID TO DATE: 11/28/94 DATE: 11/01/94MONTHLY INDEMNITY: ~~1,375.00~~ LESS FICA: noneSOC. SEC. BENEFIT: ~~225.00~~ LESS F.I.T.: none

ELIMINATION PERIOD: 90 INDEMNITY PERIOD: AGE 65 SICK

WAIVER OF PREMIUM DATE: 05/05/93

REMARKS:

COLA  
112<sup>00</sup> ea. 5-6RESUME

DATE "HIS OCC.": 7 / DATE BENEFITS TERMINATE: 11/09/97  
REINSURANCE: YES NO

C.A.	PERIOD	DAYS	AMOUNT	RES	DATE	STATUS
	Fr. 1/1				11/01/94	X
	To 1/1					
	Fr. 04/01/94					
	To 11/01/94	210	11,200.00	RP	02/07/95	P
	Fr. 11/01/94					
	To 01/01/95	60	3,200.00	P	02/17/95	P
	Fr. 01/01/95					
	To 03/01/95	60	3,200.00	P	03/08/95	P
	Fr. 03/01/95					
	To 05/01/95	60	3,200.00	P	05/04/95	P
	Fr. 05/01/95					
	To 06/01/95	30	1,600.00	P	06/12/95	P
	Fr. 6-1-95					
	To 7-1-95	30	1600 <sup>00</sup>	P	JUL 18 1995	
	Fr. 7-1-95					
	To 8-1-95	30	3578 <sup>67</sup>	CP	AUG 24 1995	
	Fr. 08-01-95					
	To 09-01-95	30	1824 <sup>00</sup>	P	SEP 15 1995	
	Fr. 9-1-95					
	To 10-1-95	30	1824 <sup>00</sup>	P	OCT 03 1995	
	Fr. 10-1-95					
	To 11-1-95	30	1824 <sup>00</sup>	P	NOV 01 1995	
	Fr. 11-1-95					
	To 12-01-95	30	1824 <sup>00</sup>	P	DEC 05 1995	
	Fr. 12-01-95					
	To 01-01-96	30	1824 <sup>00</sup>	P	JAN 04 1996	
	Fr. 1-1-96					
	To 2-1-96	30	1824 <sup>00</sup>	P	FEB 05 1996	
	Fr. 2-1-96					
	To 3-1-96	30	1824 <sup>00</sup>	P	MAR 13 1996	
	Fr. 3-01-96					
	To 4-01-96	30	1824 <sup>00</sup>	P	APR 09 1996	
	Fr. 4-1-96					
	To 5-1-96	30	1824 <sup>00</sup>	P	MAY 10 1996	
	Fr. 5-1-96					
	To 6-1-96	30	1917 <sup>33</sup>	CP	JUN 05 1996	
	Fr. 6-1-96					
	To 07-01-96	1	1917 <sup>33</sup>	P	JUN 28 1996	

## DISABILITY CLAIMS WORKSHEET -- I.H.I. ADMINISTRATION

POLICY NO. FR. NO. B. O. AGENT STATE PLAN SOCIAL SECURITY NUMBER  
H00493029 71543 1006066 OH 57615

NAME: KEARNEY, CHRIS  
ADDRESS: 12168 VILLAGE WOODS DR  
CINCINNATI, OH 45241

DIAGNOSIS: MAJOR DEPRESSION, CHRONIC AND ACUTE

AGE: 40 DATE OF BIRTH: 11/09/52 SEX: 01 OCC: 3 LIMITED: YES

INCURRED DATE: 02/09/93 CONTRACT DATE: 05/28/90 BY:

REINSTATEMENT DATE: / / PAID TO DATE: 11/28/94 DATE: 02/07/95

MONTHLY INDEMNITY: 2,125.00 LESS FICA: none

SOC. SEC. BENEFITS: 625.00 LESS F.I.T.:

ELIMINATION PERIOD: 90 INDEMNITY PERIOD: 2 YR-STICK

WAIVER OF PREMIUM DATE: 05/05/93

REMARKS:

COLA 7%

19250 ea. 5-6

DATE "THIS OCC.": / / DATE BENEFITS TERMINATE: 05/06/95 AGE 65  
REINSURANCE: YES NO

C.A.	PERIOD	DAYS	AMOUNT	RES	DATE	STATUS
	Fr. 04/01/94					
	To 11/01/94	210	19,250.00	RP	02/07/95	P
	Fr. 11/01/94					
	To 01/01/95	60	5,500.00	P	02/17/95	P
	Fr. 01/01/95					
	To 03/01/95	60	5,500.00	P	03/08/95	P
	Fr. 03/01/95					
	To 05/01/95	60	5,500.00	P	05/04/95	P
	Fr. 05/01/95					
	To 06/01/95	30	2,750.00	P	06/12/95	P
	Fr. 6-1-95					
	To 9-1-95	30	2150 <sup>00</sup>	P	JUL 18 1995	
	Fr. 9-1-95					
	To 12-1-95	30	6150 <sup>00</sup>	CP	AUG 24 1995	
	Fr. 08-01-95					
	To 09-01-95	30	3135 <sup>00</sup>	P	SEP 15 1995	
	Fr. 9-1-95					
	To 10-1-95	30	3135 <sup>00</sup>	P	OCT 03 1995	
	Fr. 10-1-95					
	To 11-1-95	30	3135 <sup>00</sup>	P	NOV 07 1995	
	Fr. 11-01-95					
	To 12-01-95	30	3135 <sup>00</sup>	P	DEC 05 1995	
	Fr. 12-01-95					
	To 01-01-96	30	3135 <sup>00</sup>	P	JAN 04 1996	
	Fr. 01-01-96					
	To 02-1-96	30	3135 <sup>00</sup>	P	FEB 05 1996	
	Fr. 02-1-96					
	To 03-1-96	30	3135 <sup>00</sup>	P	MAR 13 1996	
	Fr. 03-01-96					
	To 04-01-96	30	3135 <sup>00</sup>	P	APR 09 1996	
	Fr. 4-1-96					
	To 05-1-96	30	3135 <sup>00</sup>	P	MAY 10 1996	
	Fr. 05-1-96					
	To 06-1-96	30	3295 <sup>42</sup>	GP	JUN 05 1996	
	Fr. 06-01-96					
	To 07-01-96	30	3295 <sup>42</sup>	P	JUN 22 1996	
	Fr. 07-01-96					
	To 08-01-96	30	3295 <sup>42</sup>	GP		

43705.84

0957

## DISABILITY CLAIMS WORKSHEET -- I.H.I. ADMINISTRATION

POLICY NO. FR. NO. B. O. AGENT STATE PLAN SOCIAL SECURITY NUMBER  
 H00493029 71543 1006066 OH 57615 Woods IV

NAME: KEARNEY, CHRIS 1168 VILLAGE Woods IV

ADDRESS: 1260 VILLAGE WOODS DR 10999 Read that from, Suite 125  
 CINCINNATI, OH 45241 45241 45241 45241 45241

DIAGNOSIS: LUMBOSACRAL SPINE SPRAIN W/SUSPICION OF DISC INVOL

AGE: 40 DATE OF BIRTH: 11/09/52 SEX: 01 OCC: 3 LIMITED: YES

INCURRED DATE: 02/05/93 CONTRACT DATE: 05/28/90 BY:

REINSTATEMENT DATE: / / PAID TO DATE: 06/28/93 DATE: 06/15/93

MONTHLY INDEMNITY: \$25.00 LESS FICA:  
 35 625 LESS F.I.T.:  
 ELIMINATION PERIOD: 90 DAYS INDEMNITY PERIOD: ~~6 months~~ age 65  
 WAIVER OF PREMIUM DATE: 5/15/93

REMARKS: ME 2125 SS 625 H538069 Cola 79.

DATE "HIS OCC.": / / DATE BENEFITS TERMINATE: 6/16/93  
 REINSURANCE: YES NO

CFA.	PERIOD	DAYS	AMOUNT	RES	DATE	STATUS
	Fr. 05-06-93				JUL 22 1993	
	To 07-06-93	60	2750.00	P	06/15/93	X
	Fr. 07-06-93				SEP 03 1993	
	To 08-06-93	30	2750.00	P	SEP 03 1993	
	Fr. 05-06-93				SEP 14 1993	
	To 07-06-93	30	357.50	P	SEP 14 1993	
	Fr. 08-06-93				SEP 14 1993	
	To 09-06-93	30	1750.00	P	SEP 14 1993	
	Fr. 09-06-93				OCT 19 1993	
	To 10-01-93	25	1145.00	P	OCT 19 1993	
	Fr. 10-01-93				NOV 16 1993	
	To 11-01-93	30	2750.00	P	NOV 16 1993	
	Fr. 11-01-93				DEC 03 1993	
	To 12-01-93	30	2750.00	P	DEC 03 1993	
	Fr. 12-01-93				JAN 10 1994	
	To 01-01-94	30	2750.00	P	JAN 10 1994	
	Fr. 01-01-94				FEB 09 1994	
	To 02-01-94	60	5500.00	F	MAR 31 1994	
	Fr. 02-01-94				FEB 07 1995	This is Reg. disability Cola
	To 03-01-94	30	2750.00	P	FEB 07 1995	
	Fr. 03-01-94				MAR 08 1995	
	To 03-01-95	60	5500.00	P	MAR 08 1995	
	Fr. 03-01-95				MAY 04 1995	
	To 03-01-95	60	5500.00	P	JUN 12 1995	
	Fr. 03-01-95					
	To 04-01-95	30	2750.00	P		
	Fr. 04-01-95					
	To 05-01-95	30	2750.00	P		
	Fr. 05-01-95					
	To 06-01-95	30	2750.00	P		
	Fr. 06-01-95					
	To 07-01-95	30	2750.00	P		
	Fr. 07-01-95					
	To 08-01-95	30	2750.00	P		
	Fr. 08-01-95					
	To 09-01-95	30	2750.00	P		
	Fr. 09-01-95					
	To 10-01-95	30	2750.00	P		
	Fr. 10-01-95					
	To 11-01-95	30	2750.00	P		
	Fr. 11-01-95					
	To 12-01-95	30	2750.00	P		
	Fr. 12-01-95					
	To 01-01-96	30	2750.00	P		
	Fr. 01-01-96					
	To 02-01-96	30	2750.00	P		
	Fr. 02-01-96					
	To 03-01-96	30	2750.00	P		
	Fr. 03-01-96					
	To 03-01-96	30	2750.00	P		
	Fr. 03-01-96					
	To 04-01-96	30	2750.00	P		
	Fr. 04-01-96					
	To 05-01-96	30	2750.00	P		
	Fr. 05-01-96					
	To 06-01-96	30	2750.00	P		
	Fr. 06-01-96					
	To 07-01-96	30	2750.00	P		
	Fr. 07-01-96					
	To 08-01-96	30	2750.00	P		
	Fr. 08-01-96					
	To 09-01-96	30	2750.00	P		
	Fr. 09-01-96					
	To 10-01-96	30	2750.00	P		
	Fr. 10-01-96					
	To 11-01-96	30	2750.00	P		
	Fr. 11-01-96					
	To 12-01-96	30	2750.00	P		
	Fr. 12-01-96					
	To 01-01-97	30	2750.00	P		
	Fr. 01-01-97					
	To 02-01-97	30	2750.00	P		
	Fr. 02-01-97					
	To 03-01-97	30	2750.00	P		
	Fr. 03-01-97					
	To 03-01-97	30	2750.00	P		
	Fr. 03-01-97					
	To 04-01-97	30	2750.00	P		
	Fr. 04-01-97					
	To 05-01-97	30	2750.00	P		
	Fr. 05-01-97					
	To 06-01-97	30	2750.00	P		
	Fr. 06-01-97					
	To 07-01-97	30	2750.00	P		
	Fr. 07-01-97					
	To 08-01-97	30	2750.00	P		
	Fr. 08-01-97					
	To 09-01-97	30	2750.00	P		
	Fr. 09-01-97					
	To 10-01-97	30	2750.00	P		
	Fr. 10-01-97					
	To 11-01-97	30	2750.00	P		
	Fr. 11-01-97					
	To 12-01-97	30	2750.00	P		
	Fr. 12-01-97					
	To 01-01-98	30	2750.00	P		
	Fr. 01-01-98					
	To 02-01-98	30	2750.00	P		
	Fr. 02-01-98					
	To 03-01-98	30	2750.00	P		
	Fr. 03-01-98					
	To 03-01-98	30	2750.00	P		
	Fr. 03-01-98					
	To 04-01-98	30	2750.00	P		
	Fr. 04-01-98					
	To 05-01-98	30	2750.00	P		
	Fr. 05-01-98					
	To 06-01-98	30	2750.00	P		
	Fr. 06-01-98					
	To 07-01-98	30	2750.00	P		
	Fr. 07-01-98					
	To 08-01-98	30	2750.00	P		
	Fr. 08-01-98					
	To 09-01-98	30	2750.00	P		
	Fr. 09-01-98					
	To 10-01-98	30	2750.00	P		
	Fr. 10-01-98					
	To 11-01-98	30	2750.00	P		
	Fr. 11-01-98					
	To 12-01-98	30	2750.00	P		
	Fr. 12-01-98					
	To 01-01-99	30	2750.00	P		
	Fr. 01-01-99					
	To 02-01-99	30	2750.00	P		
	Fr. 02-01-99					
	To 03-01-99	30	2750.00	P		
	Fr. 03-01-99					
	To 03-01-99	30	2750.00	P		
	Fr. 03-01-99					
	To 04-01-99	30	2750.00	P		
	Fr. 04-01-99					
	To 05-01-99	30	2750.00	P		
	Fr. 05-01-99					
	To 06-01-99	30	2750.00	P		
	Fr. 06-01-99					
	To 07-01-99	30	2750.00	P		
	Fr. 07-01-99					
	To 08-01-99	30	2750.00	P		
	Fr. 08-01-99					
	To 09-01-99	30	2750.00	P		
	Fr. 09-01-99					
	To 10-01-99	30	2750.00	P		
	Fr. 10-01-99					
	To 11-01-99	30	2750.00	P		
	Fr. 11-01-99					
	To 12-01-99	30	2750.00	P		
	Fr. 12-01-99					
	To 01-01-00	30	2750.00	P		
	Fr. 01-01-00					
	To 02-01-00	30	2750.00	P		
	Fr. 02-01-00					
	To 03-01-00	30	2750.00	P		
	Fr. 03-01-00					
	To 03-01-00	30	2750.00	P		
	Fr. 03-01-00					
	To 04-01-00	30	2750.00	P		
	Fr. 04-01-00					
	To 05-01-00	30	2750.00	P		
	Fr. 05-01-00					
	To 06-01-00	30	2750.00	P		
	Fr. 06-01-00					
	To 07-01-00	30	2750.00	P		
	Fr. 07-01-00					
	To 08-01-00	30	2750.00	P		
	Fr. 08-01-00					
	To 09-01-00	30	2750.00	P		
	Fr. 09-01-00					
	To 10-01-00	30	2750.00	P		
	Fr. 10-01-00					
	To 11-01-00	30	2750.00	P		
	Fr. 11-01-00					
	To 12-01-00	30	2750.00	P		
	Fr. 12-01-00					
	To 01-01-01	30	2750.00	P		
	Fr. 01-01-01					
	To 02-01-01	30	2750.00	P		
	Fr. 02-01-01					
	To 03-01-01	30	2750.00	P		
	Fr. 03-01-01					
	To 03-01-01	30	2750.00	P		
	Fr. 03-01-01					
	To 04-01-01	30	2750.00	P		
	Fr. 04-01-01					
	To 05-01-01	30	2750.00	P		
	Fr. 05-01-01					
	To 06-01-01	30	2750.00	P		
	Fr. 06-01-01					
	To 07-01-01	30	2750.00	P		
	Fr. 07-01-01					
	To 08-01-01	30	2750.00	P		
	Fr. 08-01-01					
	To 09-01-01	30	2750.00	P		
	Fr. 09-01-01					
	To 10-01-01	30	2750.00	P		
	Fr. 10-01-01					
	To 11-01-01	30	2750.00	P		
	Fr. 11-01-01					
	To 12-01-01	30	2750.00	P		
	Fr. 12-01-01					
	To 01-01-02	30	2750.00	P		
	Fr. 01-01-02					
	To 02-01-02	30	2750.00	P		
	Fr. 02-01-02					
	To 03-01-02	30	2750.00	P		
	Fr. 03-01-02					
	To 03-01-02	30	2750.00	P		
	Fr. 03-01-02					
	To 04-01-02	30	2750.00	P		

DISABILITY CLAIMS WORKSHEET -- CONTINUED  
POLICY NO.: H00538069 NAME: KEARNEY, CHRIS L

Fr. 04/01/96						
To 05/01/96	30	1,824.00	P	05/10/96	P	
Fr. 05/01/96						
To 06/01/96	30	1,917.33	K	06/05/96	P	
Fr. 06/01/96						
To 07/01/96	30	1,917.33	P	06/28/96	P	
Fr. 07/01/96						
To 08/01/96	30	191733	P	Aug 08 1996		
Fr. 08/01/96						
To 09/01/96	30	191733	P	Sep 04 1996		
Fr. 09/01/96						
To 10/01/96	30	191733	P	OCT 08 1996		
Fr. 10/01/96						
To 11/01/96	30	2010 <sup>68</sup>	P	NOV 14 1996	ADJ OF COLA 03/06	31
Fr. 11/01/96						
To 12/01/96	30	1936 <sup>00</sup>	K	DEC 04 1996	31/30	
Fr. 12/01/96						
To 01/01/97	30	1936 <sup>00</sup>	P	JAN 06 1997	31/30	
Fr. 01/01/97						
To 02/01/97	30	1936 <sup>00</sup>	P	FEB 04 1997		
Fr. 02/01/97						
To 03/01/97	30	1936 <sup>00</sup>	P	MAR 12 1997		
Fr. 03/01/97						
To 04/01/97	30	1936 <sup>00</sup>	P	APR 04 1997		
Fr. 04/01/97						
To 05/01/97	30	1936 <sup>00</sup>	P	MAY 06 1997		
Fr. 05/01/97						
To 06/01/97	30	202933	K	JUN 06 1997		
Fr. 06/01/97						
To 07/01/97	30	202933	P	JUL 15 1997	← overpaid \$50	
Fr. 07/01/97						
To 08/01/97	30	1998 <sup>00</sup>	P	AUG 13 1997		
Fr. 08/01/97						
To 09/01/97	30	2048 <sup>00</sup>	P	SEP 28 1997		
Fr. 09/01/97						
To 10/01/97	30	2048 <sup>00</sup>	P	SEP 30 1997		
Fr. 10/01/97						
To 11/01/97	30	2048 <sup>00</sup>	P	OCT 31 1997		
Fr. 11/01/97						
To 12/01/97	30	2048 <sup>00</sup>	P	DEC 02 1997		
Fr. 12/01/97						
To 01/01/98	30	2048 <sup>00</sup>	P	Jan 12 1998		
Fr. 01/01/98						
To 02/01/98	30	2048 <sup>00</sup>	P	Feb 3 1998		
Fr. 02/01/98						
To 03/01/98	30	2048 <sup>00</sup>	P	MAR 03 1998		
Fr. 03/01/98						
To 04/01/98	30	2048 <sup>00</sup>	P	APR 03 1998		
Fr. 04/01/98						
To 05/01/98	30	2048 <sup>00</sup>	P	MAY 04 1998		
Fr. 05/01/98						
To 06/01/98	30	214133	K	JUN 03 1998		
Fr. 06/01/98						
To 07/01/98	30	2160 <sup>00</sup>	P	JUL 02 1998		
Fr. 07/01/98						
To 08/01/98	30	2160 <sup>00</sup>	P	AUG 04 1998		
Fr. 08/01/98						
To 09/01/98	30	2160 <sup>00</sup>	P	SEP 04 1998		
Fr. 09/01/98						
To 10/01/98	30	2160 <sup>00</sup>	P	OCT 02 1998		
Fr. 10/01/98						
To 11/01/98	30	2160 <sup>00</sup>	P	NOV 03 1998		

0959

Cola - 5/6  
#113,00

**DISABILITY CLAIMS WORKSHEET -- CONTINUED**

POLICY NO.: H00538069 NAME: KEARNEY, CHRIS L

Age 65  
11-09-17

His Occ  
SAB

Cola 5/6  
\$1.92.30

Cola does not apply to residual

"due regard  
to earnings"

DISABILITY CLAIMS WORKSHEET -- C  
028 NAME: KEARNEY, CHRIS

end res form

11-9-17

POLY

H00493023

NAME: KEARNEY, CHRIS

~~Cola  
5/6/98~~ Cola does not apply to Residual 3 11-9-97

DISABILITY CLAIMS WORKSHEET CONTINUED  
POLICY NO.: H00493029 NAME: KEARNEY, CHRIS

we are pay. T.D. benefits  
cold apply

Fr. 05/01/96		30	3,295.42	K	06/05/96	P
To 06/01/96						
Fr. 06/01/96		30	3,295.42	P	06/28/96	P
To 07/01/96						
Fr. 07/01/96		30	3,295.42	P	AUG 08 1996	
To 08/01/96						
Fr. 08/01/96		30	3,295.42	P	SEP 04 1996	
To 09/01/96						
Fr. 09/01/96		30	3,295.42	P	OCT 08 1996	
To 10/01/96						
Fr. 10/01/96		30	3,295.42	P	NOV 06 1996	
To 11/01/96						
Fr. 11/01/96		30	3,295.42	P		
To 12/01/96						
Fr. 12/01/96		30	3,327.50	P	DEC 04 1996	
To 01/01/97						
Fr. 01/01/97		30	3,327.50	P	JAN 06 1997	
To 02/01/97						
Fr. 02/01/97		30	3,327.50	P	FEB 04 1997	
To 03/01/97						
Fr. 03/01/97		30	3,327.50	P	MAR 12 1997	
To 04/01/97						
Fr. 04/01/97		30	3,327.50	P	APR 04 1997	
To 05/01/97						
Fr. 05/01/97		30	3,327.50	P	MAY 06 1997	
To 06/01/97						
Fr. 06/01/97		30	3,487.50	K	JUN 09 1997	
To 07/01/97						
Fr. 07/01/97		30	3,500.00	K	JUL 15 1997	
To 08/01/97						
Fr. 08/01/97		30	3,520.00	P	AUG 13 1997	
To 09/01/97						
Fr. 09/01/97		30	3,520.00	P	SEP 30 1997	
To 10/01/97						
Fr. 10/01/97		30	3,520.00	P	OCT 31 1997	
To 11/01/97						
Fr. 11/01/97		30	3,520.00	P	DEC 02 1997	
To 12/01/97						
Fr. 12/01/97		30	3,520.00	P	JAN 12 1998	
To 01/01/98						
Fr. 01/01/98		30	3,520.00	P	FEB 03 1998	
To 02/01/98						
Fr. 02/01/98		30	3,520.00	P	MAR 03 1998	
To 03/01/98						
Fr. 03/01/98		30	3,520.00	P	APR 03 1998	
To 04/01/98						
Fr. 04/01/98		30	3,520.00	P	MAY 04 1998	
To 05/01/98						
Fr. 05/01/98		30	3,520.00	P	JUN 03 1998	
To 06/01/98						
Fr. 06/01/98		30	3,680.42	K		
To 07/01/98						
Fr. 07/01/98		30	3,712.50	P	JUL 02 1998	
To 08/01/98						
Fr. 08/01/98		30	3,712.50	P	AUG 04 1998	
To 09/01/98						
Fr. 09/01/98		30	3,712.50	P	SEP 02 1998	
To 10/01/98						
Fr. 10/01/98		30	3,712.50	P	OCT 02 1998	
To 11/01/98						
Fr. 11/01/98		30	3,712.50	P	NOV 03 1998	

Cola 5/6  
\$112.00

Age 65  
11-09-17

**DISABILITY CLAIMS WORKSHEET -- CONTINUED**

POLICY NO.: H00538069

NAME: KEARNEY, CHRIS L

DIAGNOSIS: MAJOR DEPRESSION, CHRONIC AND ACUTE  
 AGE: 40 DATE OF BIRTH: 11/09/52 SEX: 01 OCC: 3 LIMITED: YES  
 INCURRED DATE: 02/09/93 CONTRACT DATE: 05/28/94 BY:  
 REINSTATEMENT DATE: ~~02/09/93~~ PAID TO DATE: 11/28/94 DATE: 11/01/94  
 MONTHLY INDEMNITY: ~~1,375.00~~ LESS FICA: none  
 SOC. SEC. BENEFIT: ~~225.00~~ LESS F.I.I.:  
 ELIMINATION PERIOD: 90 INDEMNITY PERIOD: AGE 65 SICK  
 WAIVER OF PREMIUM DATE: 05/05/93

REMARKS:

COLA  
T12 = ea. 56

Reinsurance

DATE "HIS OCC.": / / DATE BENEFITS TERMINATE: 11/09/97  
 REINSURANCE: YES NO

C.A.	PERIOD	DAYS	AMOUNT	RES	DATE	STATUS
	Fr. / /				11/01/94	X
	To / /					
	Fr. 04/01/94					
	To 11/01/94	210	11,200.00	RP	02/07/95	P
	Fr. 11/01/94					
	To 01/01/95	60	3,200.00	P	02/17/95	P
	Fr. 01/01/95					
	To 03/01/95	60	3,200.00	P	03/08/95	P
	Fr. 03/01/95					
	To 05/01/95	60	3,200.00	P	05/04/95	P
	Fr. 05/01/95					
	To 06/01/95	30	1,600.00	P	06/12/95	P
	Fr. 6-1-95					
	To 7-1-95	30	1600 <sup>00</sup>	P	JUL 18 1995	
	Fr. 7-1-95					
	To 8-1-95	30	3578 <sup>00</sup>	CP	AUG 24 1995	
	Fr. 08-01-95					
	To 09-01-95	30	1824 <sup>00</sup>	CP	SEP 15 1995	
	Fr. 9-1-95					
	To 10-1-95	30	1824 <sup>00</sup>	P	OCT 03 1995	
	Fr. 10-1-95					
	To 11-1-95	30	1824 <sup>00</sup>	P	NOV 01 1995	
	Fr. 11-01-95					
	To 12-01-95	30	1824 <sup>00</sup>	CP	DEC 05 1995	
	Fr. 12-01-95					
	To 01-01-96	30	1824 <sup>00</sup>	CP	JAN 04 1996	
	Fr. 01-01-96					
	To 02-01-96	30	1824 <sup>00</sup>	CP	FEB 05 1996	
	Fr. 02-01-96					
	To 03-01-96	30	1824 <sup>00</sup>	P	MAR 13 1996	
	Fr. 03-01-96					
	To 04-01-96	30	1824 <sup>00</sup>	CP	APR 09 1996	
	Fr. 04-01-96					
	To 05-01-96	30	1824 <sup>00</sup>	P	MAY 10 1996	
	Fr. 05-01-96					
	To 06-01-96	30	1917 <sup>33</sup>	CP	JUN 05 1996	
	Fr. 06-01-96					
	To 07-01-96	30	1917 <sup>33</sup>	CP	JUN 28 1996	

0964

H.I. ADMINISTRATOR						
POLICY NO. 8. O. AGENT STATE PLAN SOCIAL SECURITY						
R00493029 71543 1006066 OH 5/6/95						
NAME: KEARNEY, CHRIS ADDRESS: 12168 VILLAGE WOODS DR CINCINNATI, OH 45241						
DIAGNOSES: MAJOR DEPRESSION, CHRONIC AND ACUTE						
AGE: 49 DATE OF BIRTH: 11/09/54 SEX: F LTD: YES						
INCURRED DATE: 02/09/94 CONTRACT DATE: 05/13/94 BY:						
REINSTATEMENT DATE: / / PAID TO DATE: 11/13/94 DATE: 02/07/95						
MONTHLY PREMIUM: \$1350 SPECIAL CODE:						
SOC. SEC. NUMBER: 123-45-6789 EIN: 123-45-6789						
ELIMINATION PERIOD: 90 UNDULABLE PAYMENT: 14 DAY						
WAIVER OF PREMIUM DATE: 05/05/94						
REMARKS: RESIDUAL COLA 1%						
3321SC 19250 la. 5-6						
DATE THIS REC'D: / / DATE RECEIVED: TERMINATED: 11/13/95 AGE 65						
REINSURANCE: YES NO						
PERIOD	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT	STATUS
08-01-95	30	3135 <sup>00</sup>	08-01-95	30	3135 <sup>00</sup>	P
09-01-95	30	3135 <sup>00</sup>	09-01-95	30	3135 <sup>00</sup>	P
10-01-95	30	3135 <sup>00</sup>	10-01-95	30	3135 <sup>00</sup>	P
11-01-95	30	3135 <sup>00</sup>	11-01-95	30	3135 <sup>00</sup>	P
12-01-95	30	3135 <sup>00</sup>	12-01-95	30	3135 <sup>00</sup>	P
01-01-96	30	3135 <sup>00</sup>	01-01-96	30	3135 <sup>00</sup>	P
02-01-96	30	3135 <sup>00</sup>	02-01-96	30	3135 <sup>00</sup>	P
03-01-96	30	3135 <sup>00</sup>	03-01-96	30	3135 <sup>00</sup>	P
04-01-96	30	3135 <sup>00</sup>	04-01-96	30	3135 <sup>00</sup>	P
05-01-96	30	3135 <sup>00</sup>	05-01-96	30	3135 <sup>00</sup>	P
06-01-96	30	3295 <sup>42</sup>	06-01-96	30	3295 <sup>42</sup>	P
07-01-96	30	3295 <sup>42</sup>	07-01-96	30	3295 <sup>42</sup>	P
						0965
						184

Cola 5/6  
\$192.50

Cold does not apply to Residual

"due regard  
to earnings"

**DISABILITY CLAIMS WORKSHEET -- CONTINUE**

Send Form

11-9-17

POLICY NO.: H00493025

NAME: KEARNEY, CHRIS

FILE NO.: 100-00000

CONTINUED send form  
req 11-9-17

ADDRESS  
CHANGE

3218 GLEN GYLE AVE.  
CINCINNATI, OH 45303

0966